

PROJECT APPRAISAL REPORT (PAR)

TERMINAL

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1. PROJECT NO. 489-11-580-64902	2. PAR FOR PERIOD 3/75 TO 7/76	3. COUNTRY Korea	4. PAR SERIAL NO. TQ-1
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HEALTH AND FAMILY PLANNING

6. PROJECT DURATION: Began FY 67 Ends FY 76	7. DATE LATEST PROP March 19, 1975	8. DATE LATEST PIP	9. DATE PRIOR PAR September, 1975
10. U.S. FUNDING	a. Cumulative Obligation Thru Prior FY: \$ 4,827,000	b. Current FY Estimated Budget: \$ -0-	c. Estimated Budget to completion After Current FY: \$ -0- 5p.
11. KEY ACTION AGENTS (Contractor, Participating Agency or Voluntary Agency)			
a. NAME		b. CONTRACT, PASA OR VOL. AG. NO.	
None			

I. NEW ACTIONS PROPOSED AND REQUESTED AS A RESULT OF THIS EVALUATION

A. ACTION (X)			B. LIST OF ACTIONS	C. PROPOSED ACTION COMPLETION DATE
USAID	AID/W	HOST		
	X	X	<p>The basic activities of this project will be completed when the sterilization commodities on order have been delivered (i.e., by December 31, 1976). However, it is recommended that a few AID centrally-funded activities be continued to maximize the impact of activities supported under the project:</p> <p>1. The JHPIEGO/Korea project should provide financial support for an additional year of local training activities. This extension will ameliorate the problem of high turnover among physicians in the first training program. This support should be coupled with efforts to firm up local support arrangements to continue essential training activities after the phase-out of JHPIEGO support.</p>	12/77
	X		<p>2. The IPAVS (International Project/Association for Voluntary Sterilization) should provide financial and technical assistance to ensure that the KAVS (Korean Association for Voluntary Sterilization) establishes an adequate maintenance and repair activity. If the KAVS is unable to achieve this objective within a reasonable time period, AVS support should be transferred to another organization.</p>	12/77
	X		<p>3. IP/AVS, FPIA (Family Planning International Assistance), and other intermediaries should continue support for selected local demonstration projects to improve the availability of voluntary sterilization services for lower-income groups.</p>	12/78

D. REPLANNING REQUIRES		E. DATE OF MISSION REVIEW	
REVISED OR NEW:	<input type="checkbox"/> PROP <input type="checkbox"/> PIP <input type="checkbox"/> PRO AG <input type="checkbox"/> PIO/T <input type="checkbox"/> PIO/C <input type="checkbox"/> PIO/P	July 30, 1976	
PROJECT MANAGER: TYPED NAME, SIGNED INITIALS AND DATE Thomas T. Harriman 7/30/76		MISSION DIRECTOR: TYPED NAME, SIGNED INITIALS AND DATE James R. Brady JRB 8/12/76	

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II. PERFORMANCE OF KEY INPUTS AND ACTION AGENTS

A. INPUT OR ACTION AGENT	B. PERFORMANCE AGAINST PLAN							C. IMPORTANCE FOR ACHIEVING PROJECT PURPOSE (X)				
	UNSATISFACTORY		SATISFACTORY			OUT-STANDING		LOW		MEDIUM		HIGH
	1	2	3	4	5	6	7	1	2	3	4	5
1. None												
2.												
3.												

Comment on key factors determining rating

4. PARTICIPANT TRAINING	1	2	3	(4)	5	6	7	1	(2)	3	4	5
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Comment on key factors determining rating

Training during the evaluation period consisted of short trips to study other Asian family planning programs, with emphasis on sterilization. This facilitated acceptance of and dissemination of modern sterilization techniques among certain public and private groups which were less familiar with developments in this field. The training thus met general needs but was not critical to the success of the project.

5. COMMODITIES	1	2	3		(5)	6	7	1	2	3	(4)	5
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Comment on key factors determining rating

Commodities (55 laparoscopes and 25 mini-lap kits) are a key input of USAID to this project. Some delivery delays resulted from the modification of commodity specifications during the process of procurement (e.g. heat method was only method acceptable to AID/W until recent decision to accept heat or cold (Yoon Ring) method).

6. COOPERATING COUNTRY	a. PERSONNEL	1	2	3	4	(5)	6	7	1	2	3	0	5
	b. OTHER					(5)						(4)	

Comment on key factors determining rating

To a great degree, success in expanding sterilization services depends on increased ROKG government subsidies. To date the ROKG has shown a great interest in such services and has steadily increased its financial support. However, a higher level of support may be necessary to help meet the ROKG's goal of a 1.3% population growth rate by 1981.

7. OTHER DONORS	1	2	3	4	(5)	6	7	1	2	3	(4)	5
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(See Next Page for Comments on Other Donors)

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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11. 7. Continued: Comment on key factors determining rating of Other Donors

Without the local currency support provided for training and pilot activities by other donors, this project would have encountered serious problems. Better efforts could have been made by donor agencies and their local representatives in coordinating activities with each other.

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					
		CUMU- LATIVE PRIOR FY	CURRENT FY <u>76</u>		FY <u>77</u>	FY <u>78</u>	END OF PROJECT
			TO DATE	TO END			
1. Training centers established and functioning.	PLANNED	5	-	-	-	-	5
	ACTUAL PERFORMANCE	5	-				
	REPLANNED			-	-	-	-
2. Network of hospitals provided with equipment for laparoscopy and/or mini-laparotomy.	PLANNED	5	70	-	-	-	75
	ACTUAL PERFORMANCE	5	35				
	REPLANNED			35	35	-	75
3. Doctors trained in modern sterilization techniques.	PLANNED	56	254	-	-	-	310
	ACTUAL PERFORMANCE	56	219				
	REPLANNED			219	60	-	335
4. Data collection and evaluation system established for sterilization. (continued next page)	PLANNED	0	100%	-	-	-	100%
	ACTUAL PERFORMANCE	-	25%				
	REPLANNED			25%	75%	-	100%
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS		COMMENT: In CY 76 the ROKG specifically included female sterilization subsidies in its budget for the first time. Total number of male and female cases subsidized rose from 22,000 in CY 75 to 75,000 in CY 76.					
1.	Increased ROKG subsidies for sterilization.						
2.	Increased voluntary sterilizations.	COMMENT: Contraceptive sterilizations increased from about 25,000 in 1975 to an estimated 75,000 by the end of 1976. Current patient appointment backlogs indicate significant demand for sterilization will continue into next year.					
3.	Equipment functioning with minimal "down time."	COMMENT: At present, only one hospital is not functioning due to temporary repairs of its equipment. Sufficient spare components have been ordered or are on hand to minimize future problems.					

(Continuation)

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II. 7. Continued: Comment on key factors determining rating of Other Donors

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					
		CUMU- LATIVE PRIOR FY	CURRENT FY 76		FY 77	FY 78	END OF PROJECT
			TO DATE	TO END			
5. Trained trainers-- administrators in family planning (all fields - FY 67-76)	PLANNED	216	20	-	-	-	236
	ACTUAL PERFORM- ANCE	216	18				
	REPLANNED			18	-	-	234
	PLANNED						
	ACTUAL PERFORM- ANCE						
	REPLANNED						
	PLANNED						
	ACTUAL PERFORM- ANCE						
	REPLANNED						
	PLANNED						
	ACTUAL PERFORM- ANCE						
	REPLANNED						
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS		COMMENT:					
1.							
2.		COMMENT:					
3.		COMMENT:					

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IV. PROJECT PURPOSE

1. Statement of purpose as currently envisaged.

2. Same as in PROP? ☒ YES ☐ NO

The purpose of this project is to increase the voluntary use of both male and female sterilization techniques by expanding the availability of such services. These services will complement other methods of family planning already available through government and private channels.

1. Conditions which will exist when above purpose is achieved.	2. Evidence to date of progress toward those conditions.
1. Increasing percentage of contraceptors accepting sterilization.	1. 3% 1973 5% 1974 7% 1975 8% 1976
2. Increasing percentage of total eligible population sterilized.	2. 1974 - 5% 1975 - 5.5% 1976 - 6.0%
3. MHSA-certified family planning hospitals trained and equiped.	3. Training completed or scheduled for completion by Fall 1976 for key staff members from 75 hospitals. Equipment in country and distributed or scheduled for distribution to approved hospitals upon completion of training.
4. Ongoing training centers.	4. 14 medical schools (100% of medical schools) plus one national medical center equiped and key staffs trained.
5. At least one maintenance center operating.	5. Project proposal approved for KAVS. Expected to be operational by late summer 1976.

V. PROGRAMMING GOAL

A. Statement of Programming Goal

The goal of this project is to help reduce the Korean birth rate through the promotion of the Korean Family planning Program. The resultant decrease in the population growth rate should contribute to a restraint on economic consumption, an increase in productive investment per capita and the establishment of an economy capable of supporting increased investments in social welfare.

B. Will the achievement of the project purpose make a significant contribution to the programming goal, given the magnitude of the national problem? Cite evidence.

The cost of a female sterilization has been lowered by ROKG in 1976 from \$40 per procedure to \$10, due to intensive training of physicians and provision of more equipment (especially through this project). Also, recent statistics indicate that sterilizations continue to increase (including many acceptors with lower age and parity) thus producing a significant impact on fertility, compared with other methods of contraception.